

CALLEN-LORDE SCRIBE PROC



CALLEN-LORDE

Electronic Medical Records



- Data extraction/analysis/benchmarks
- Prompts/triggers/guidelines
- E-prescribing
- Data sharing



- Charting & administrative burden
- Quality of patient interaction
- Data sharing
- Clinical workforce morale

the pure joy of the electronic medical record

What are the advantages of electronic health records?

Advantages of Electronic Health Records

EHRs and the ability to exchange health information electronically can help you provide higher quality and safer care for patients while creating tangible enhancements for your organization. EHRs help providers better manage care for patients and provide better health care by:

- Providing **accurate, up-to-date, and complete information about patients** at the point of care
- Enabling quick access to patient records for more **coordinated, efficient care**
- Securely **sharing electronic information** with patients and other clinicians
- Helping providers more effectively **diagnose patients, reduce medical errors, and provide safer care**
- Improving patient and provider interaction and communication, as well as **health care convenience**
- Enabling safer, **more reliable prescribing**
- Helping promote **legible, complete documentation** and accurate, streamlined coding and billing
- Enhancing **privacy and security** of patient data
- Helping providers **improve productivity** and **work-life balance**
- Enabling providers to **improve efficiency and meet their business goals**
- **Reducing costs** through decreased paperwork, improved safety, reduced duplication of testing, and improved health.

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The pure pain of the electronic medical record

USE & OPTIMIZATION NEWS

EHR Use, Administrative Burden Accelerating Physician Burnout

A response to a recent study of family physician burnout points the finger at increased EHR use and administrative burden.



CalLEN-LORDE: PROVIDERS AND EHR

Sexual Practices:
 Gender identity:
 Sexually active: No Yes Previously **Orientation:**
 Practices safe sex: No Yes Sometimes
 Birth control:
 Birth control methods discussed:
 STI:
 HIV status: Negative Positive Not tested
 History of STIs:

Sexual Orientation
 Bisexual
 Gay
 Lesbian
 Queer
Something else
 Straight
 Decline to answer

NEW YORK, NY 10033
 Contact: (212) 271-7200 (Cell)
 Nickname: EVA
 NextMD: Yes
 Primary Pharm #: (212) 271-7260

Alerts OBGYN Details Demographics Demographics Add'l Sticky Note Referring Provider HIPAA Advan

03/15/2015 10:47 PM: "Histories" CHP Demographics Add'l Patient Demographics <Read-only>

Phone #: Ext: Comment:
 Day: (917)821-1424
 Home: (212)271-7157
 Cell: (212)271-7200
 Sex Assigned at Birth:
 Preferred Pronoun:

Sexual Orientation history from Confidential :

Sexual Orientation	Encounter Date:Time
Queer	03/15/2015 10:47 PM
Queer	03/04/2015 12:59 PM
Queer	02/20/2015 04:25 PM
Queer	02/20/2015 10:18 AM

Gender Identity history from Confidential S:

Txt Transgender	Encounter Date:Time
Male/Man	03/15/2015 10:47 PM

CHP SexAtBirth PickList

Mstr List Item Desc	Mstr List Item Id
1-Male	1061E2A4-E81D-4A8C-961E-9F329DB8748A
2-Female	8D5FD165-4749-4A2B-8010-71962B7958D8
3-Decline To Answer	E08C92B7-1C01-479D-91C7-63343B29A573

What kind of sex do you have?

Who are your sexual partners?

anal-receptive yes no male assigned at birth female assigned at birth both
 anal-insertive yes no male assigned at birth female assigned at birth both
 vaginal-receptive yes no male assigned at birth female assigned at birth both
 vaginal-insertive yes no male assigned at birth female assigned at birth both
 oral-receptive yes no male assigned at birth female assigned at birth both
 oral-insertive yes no male assigned at birth female assigned at birth both
 oral-anal yes no male assigned at birth female assigned at birth both

Gender identity:

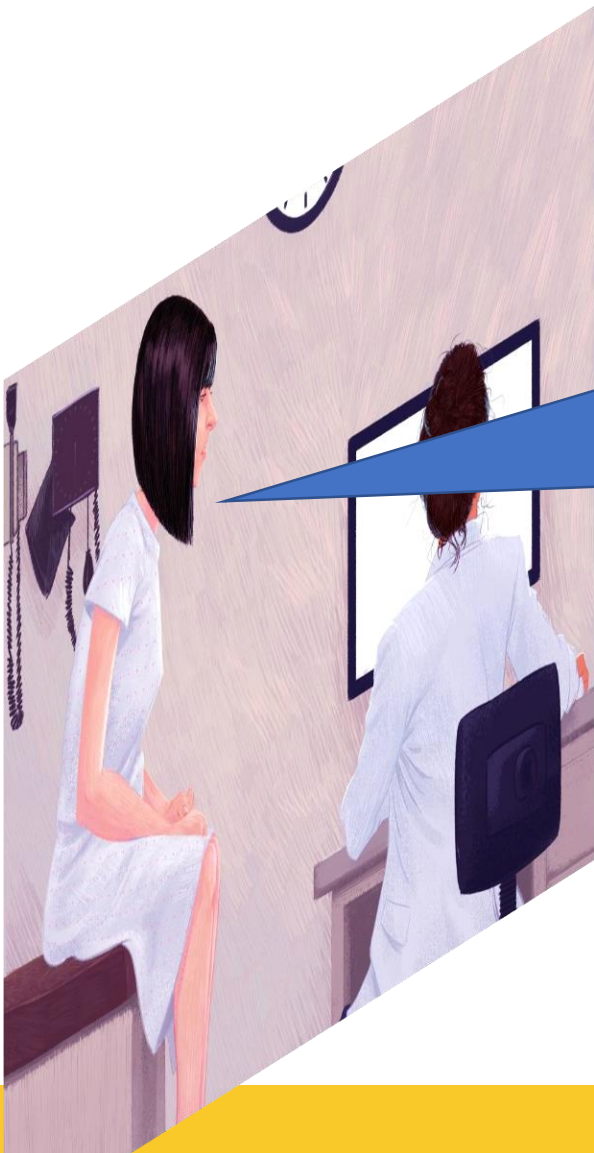
Sexually active: No Yes Previously Orientation:
 Detail:

Gender Identity

Female/Woman
 Genderqueer/Gender Nonconforming
 Male/Man
 Something Else
 TransFemale/TransWoman
 TransMale/TransMan
 Decline to Answer

Close

CalLEN-LORDE: PROVIDERS AND EHR



VA TEST (F) DOB: 08/06/1976 (38 years) Weight: 124

Address: 235 My Place 123
NEW YORK, NY 10022

Contact: (212) 277-1234

Alerts

Orientation:
Detail:

Sexual Orientation

Sexual Orientation	Encounter
Queer	03/15/2015
Queer	03/04/2015
Queer	02/20/2015
Queer	02/20/2015

Gender Identity history from Co

Txt Transgender	Encounter
Male/Man	03/15/2015

anal-receptive yes no male assigned at birth female assigned at birth both

anal-insertive yes no male assigned at birth female assigned at birth both

vaginal-receptive yes no male assigned at birth female assigned at birth both

vaginal-insertive yes no male assigned at birth female assigned at birth both

oral-receptive yes no male assigned at birth female assigned at birth both

oral-insertive yes no male assigned at birth female assigned at birth both

oral-anal yes no male assigned at birth female assigned at birth both

answer

Close

“long waits and rushed appointments with her face mostly in the computer have meant that I have not been able to address this with her”

Impact of Medical Scribes on Physician and Patient Satisfaction in Primary Care.

Pozdnyakova A¹, Laiterapong N², Volerman A², Feld LD², Wan W², Burnet DL², Lee WW³.

Author information

Abstract

BACKGROUND: Use of electronic health records (EHRs) is associated with physician stress and burnout. While emergency departments and subspecialists have used scribes to address this issue, little is known about the impact of scribes in academic primary care.

OBJECTIVE: Assess the impact of a scribe on physician and patient satisfaction at an academic general internal medicine (GIM) clinic.

DESIGN: Prospective, pre-post-pilot study. During the 3-month pilot, physicians had clinic sessions with and without a scribe. We assessed changes in (1) physician workplace satisfaction and burnout, (2) time spent on EHR documentation, and (3) patient satisfaction.

PARTICIPANTS: Six GIM faculty and a convenience sample of their patients (N = 325) at an academic GIM clinic.

MAIN MEASURES: A 21-item pre- and 44-item post-pilot survey assessed physician workplace satisfaction and burnout. Physicians used logs to record time spent on EHR documentation outside of clinic hours. A 27-item post-visit survey assessed patient satisfaction during visits with and without the scribe.

KEY RESULTS: Of six physicians, 100% were satisfied with clinic workflow post-pilot (vs. 33% pre-pilot), and 83% were satisfied with EHR use post-pilot (vs. 17% pre-pilot). Physician burnout was low at baseline and did not change post-pilot. Mean time spent on post-clinic EHR documentation decreased from 1.65 to 0.76 h per clinic session ($p = 0.02$). Patient satisfaction was not different between patients who had clinic visits with vs. without scribe overall or by age, gender, and race. Compared to patients 65 years or older, younger patients were more likely to report that the physician was more attentive and provided more education during visits with the scribe present ($p = 0.03$ and 0.02 , respectively). Male patients were more likely to report that they disliked having a scribe ($p = 0.03$).

CONCLUSION: In an academic GIM setting, employment of a scribe was associated with improved physician satisfaction without compromising patient satisfaction.

KEYWORDS: burnout; doctor–patient relationship; electronic health records; patient–doctor communication; physician well-being; primary care; primary care redesign; scribe

PMID: 29700790 DOI: [10.1007/s11606-018-4434-6](https://doi.org/10.1007/s11606-018-4434-6)

USE & OPTIMIZATION NEWS

EHR Use Accelerated

A response to
the finger at it



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SCRIBE PROGRAM GOALS

- **Increased provider job satisfaction**
- **Improved patient experience**
- **Improved access for care**
- **Standardized documentation**
- **Routine documentation**
- **Improved coding**
- **Improved billing**
- **Cost neutral**
- **Exposure of next generation medical staff to LGBT health**
- **Recruitment future clinical staff**

SCRIBE PROGRAM GOALS

- **Increased provider job satisfaction**
- **Improved patient experience**
- **Improved access for care**

Concerns:

- **Space**
- **Patients' receptiveness**
- **Costs**

- **Standardized documentation**
- **Routine documentation**
- **Improved coding**
- **Improved billing**
- **Cost neutral**
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PHASED INTRODUCTION

Phase 1 - Pilots

Phase 2 – Champions

Phase 3 – Expansion

Phase 4 – Widespread Adoption

PHASED INTRODUCTION

Phase 1 - Pilots



Phase 2 – Champions



Phase 3 – Expansion

Phase 4 – Widespread Adoption

MEASURABLE OBJECTIVES OF SUCCESS

Staff and patient satisfaction

Staff – qualitative satisfaction measures, survey-monkey

Patients – patient satisfaction survey plus ongoing assessment

Documentation and Coding Metrics

RVUs/provider

Changes in diagnostic coding

Documentation metrics

Substance Use documentation

Smoking Assessment and Cessation Advice

Sexual Practices

Past Medical/Surgical and Family History

Reconciled medications

PHQ-2, PHQ-9 and referrals

Colonoscopies

Documenting external PCP when “Limited Services” patient

Patient education materials

Productivity Metrics

Patients Per Session

Cycle Time

% Appointments Coded

Number of Unlocked Appointments/Month



CALLEN-LORDE

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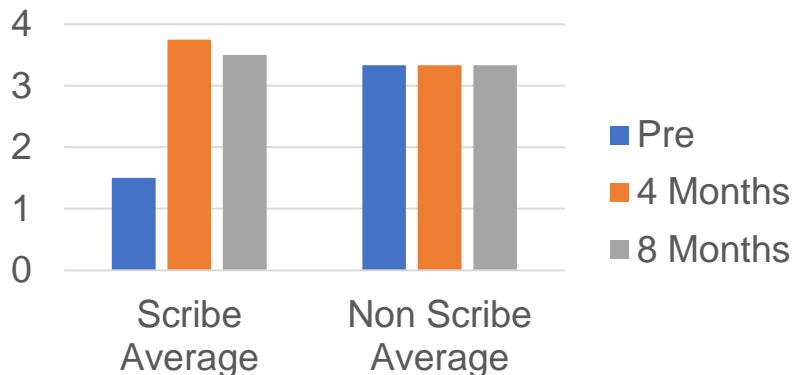


CalLEN-LORDE

PROVIDER SURVEY RESULTS

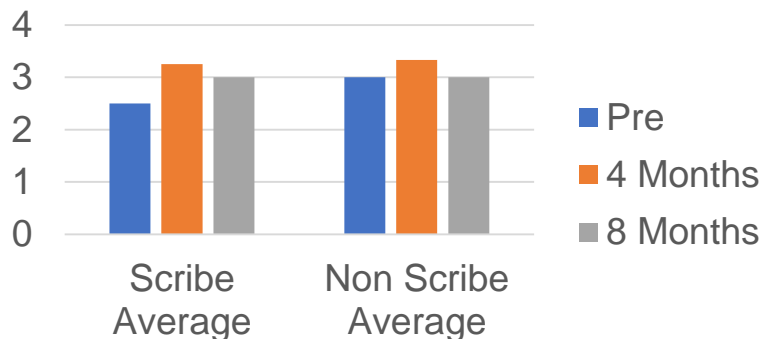
1. I am able to complete my office visit charting in a reasonable amount of time.

1= Not at all | 2 = To some degree | 3 = Mostly | 4 = Absolutely



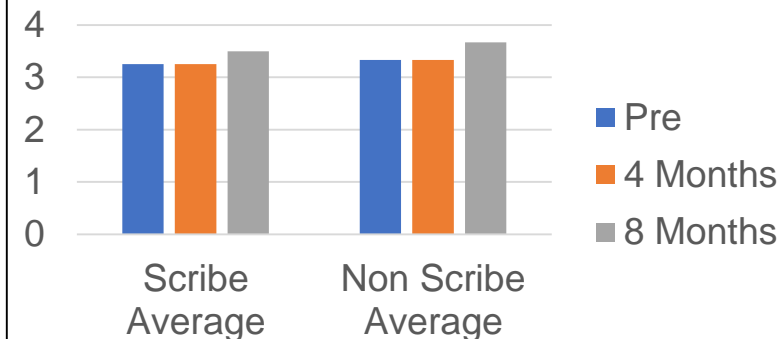
2. Overall, the interactions I have with my patients during an office visit are sufficient to provide good care.

1= Not at all | 2 = To some degree | 3 = Mostly | 4 = Absolutely



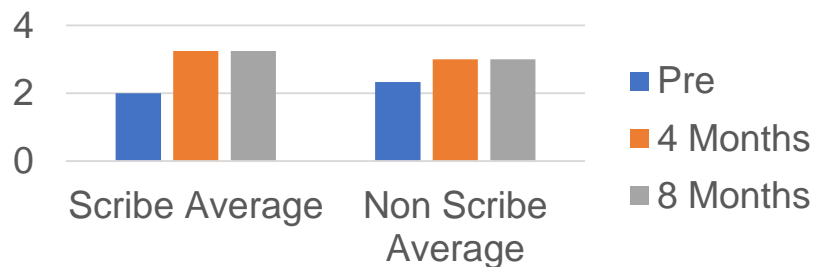
3. When I see a patient for a return visit, the note from the prior visit captures all the key information I need to follow up.

1= Not at all | 2 = To some degree | 3 = Mostly | 4 = Absolutely



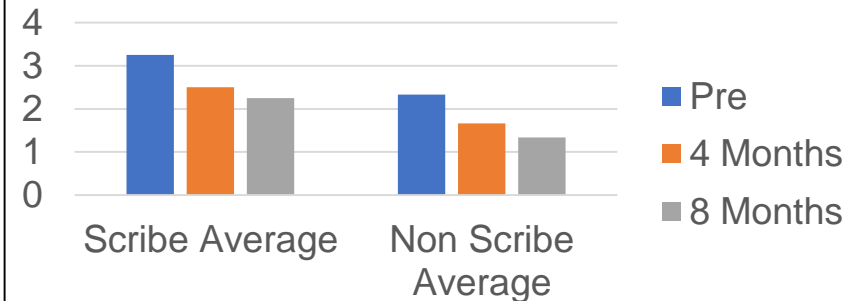
4. Compared to what I know of how other providers work at other facilities, the proportion of my work time at Callen-Lorde spent doing what I was trained to do as a clinician is:

1 = Much less | 2 = Somewhat less | 3 = Slightly more | 4 = Much more



5. Often I am concerned that I may have forgotten to do and/or missed something important in my clinical care.

1= Not at all | 2 = To some degree | 3 = Mostly | 4 = Absolutely



PATIENT SURVEY

Question 1: Compared to visits before the scribe, how would you rate your medical provider's ability to listen to you and understand your concerns? (Much Worse, Worse, Same, Better, Much Better)

50% (25) Same

48% (24) Better

2% (1) Much Better



PATIENT SURVEY

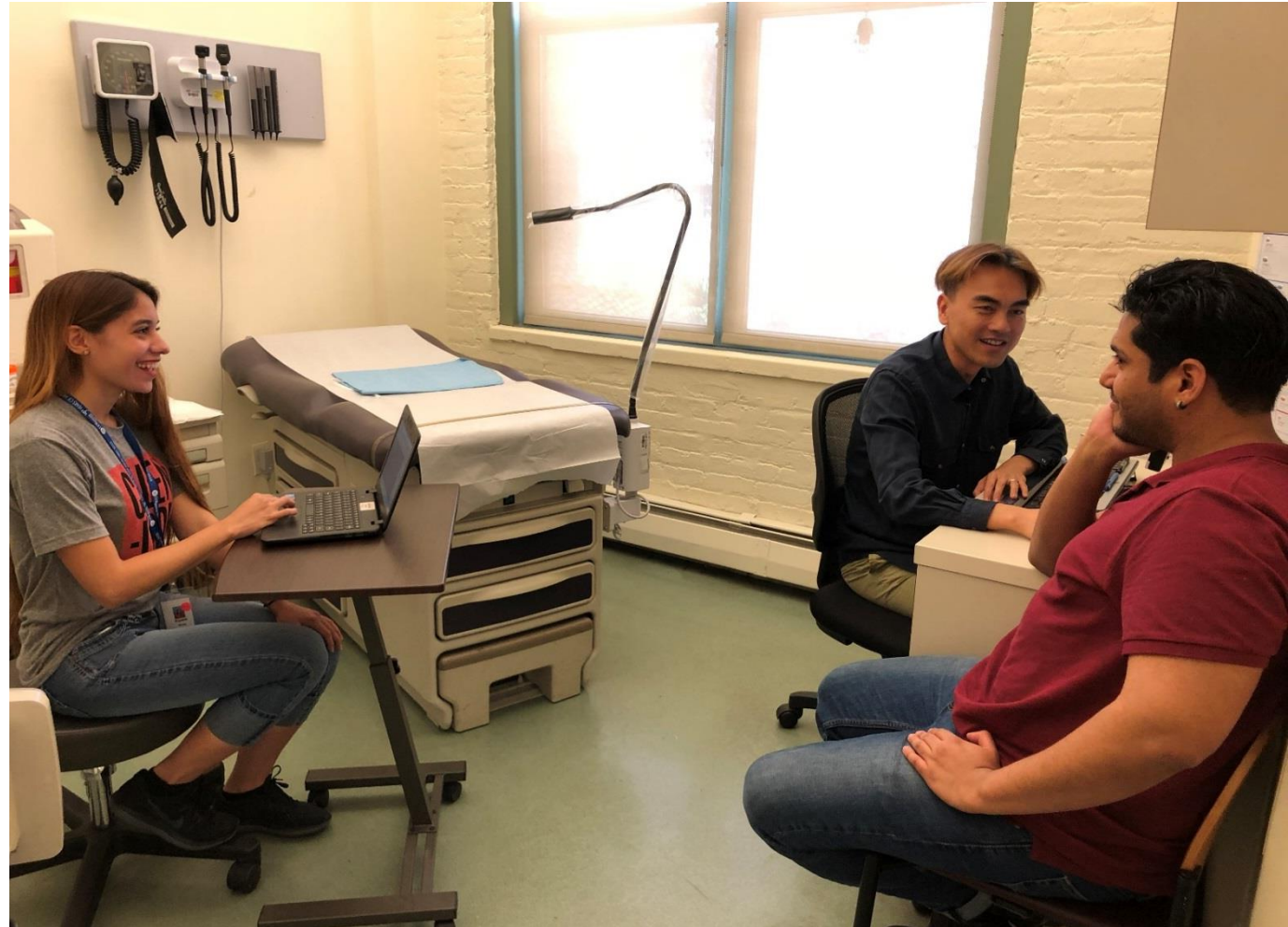
Question 2: Compared to visits before the scribe, how would you rate your general satisfaction level with your medical visit? (Much Worse, Worse, Same, Better, Much Better)

64% (32) Same

32% (16) Better

2% (1) Much Better

2% (1) Worse



PATIENT QUOTES

"[My partner and I] love the scribe there because [our provider] can focus on us and only ask us questions. If the same scribe were present every visit, then this would improve our visits and it would be viewed as an extension of the doctor."

"I thought the scribe was an intern until I just got your call. Now that I know the scribe is there to input information into the medical record, I am definitely all for it! XY needs a scribe for the note taking purposes. Honestly, more recently he has been calling for follow up and it feels like he is less overwhelmed and more aware"

"It do not bother me. [My provider] always gives me her full undivided attention, but maybe she was even a little more present to me"

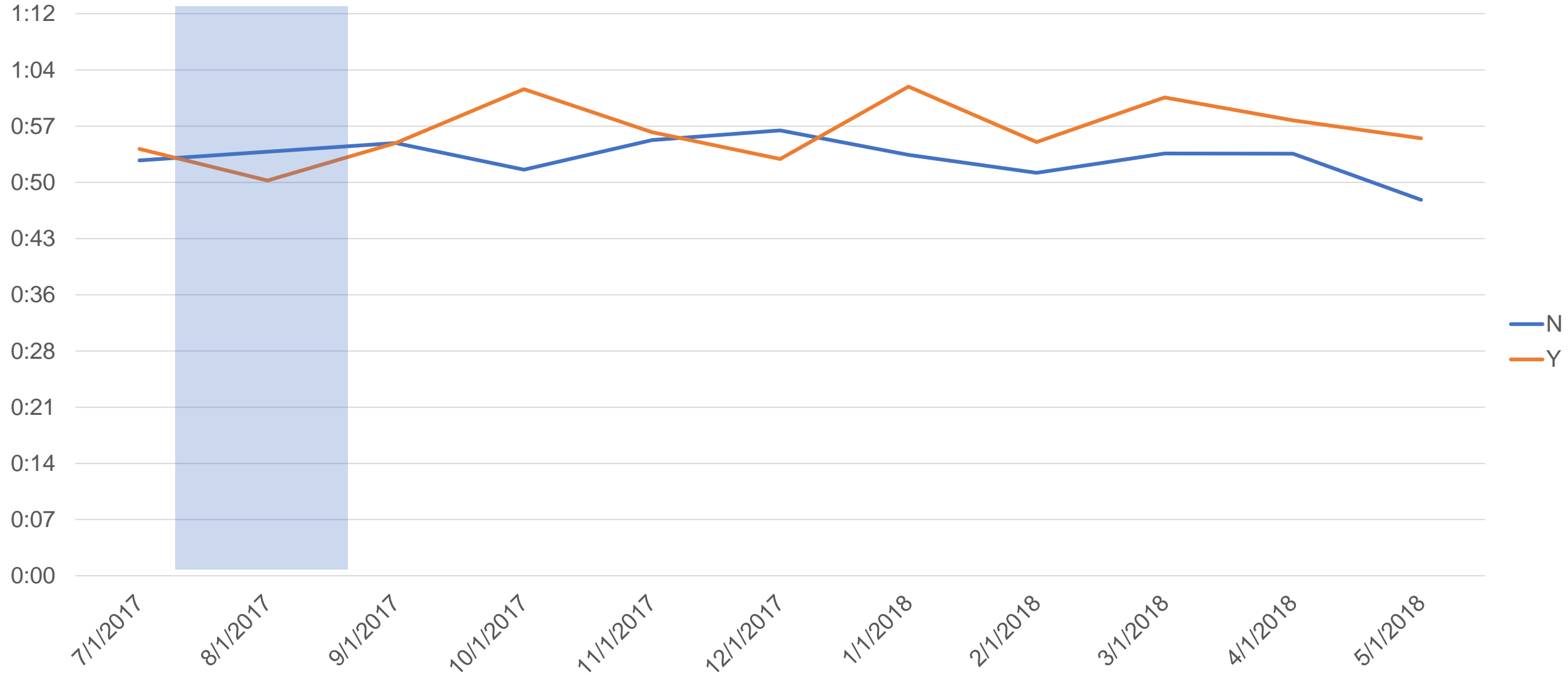
"I don't really care for it. Having someone else in the room makes me feel slightly uncomfortable. But if it helps XY, it is okay with me."

"It's worked really well for me personally. I thought that because there was more dialogue about my health care and more time for articulation, it helped me to understand things better. [My provider] has been very thorough because of it. It turns it into an out loud thing instead of sitting quietly in the room while the provider is transcribing. It has made the process better"

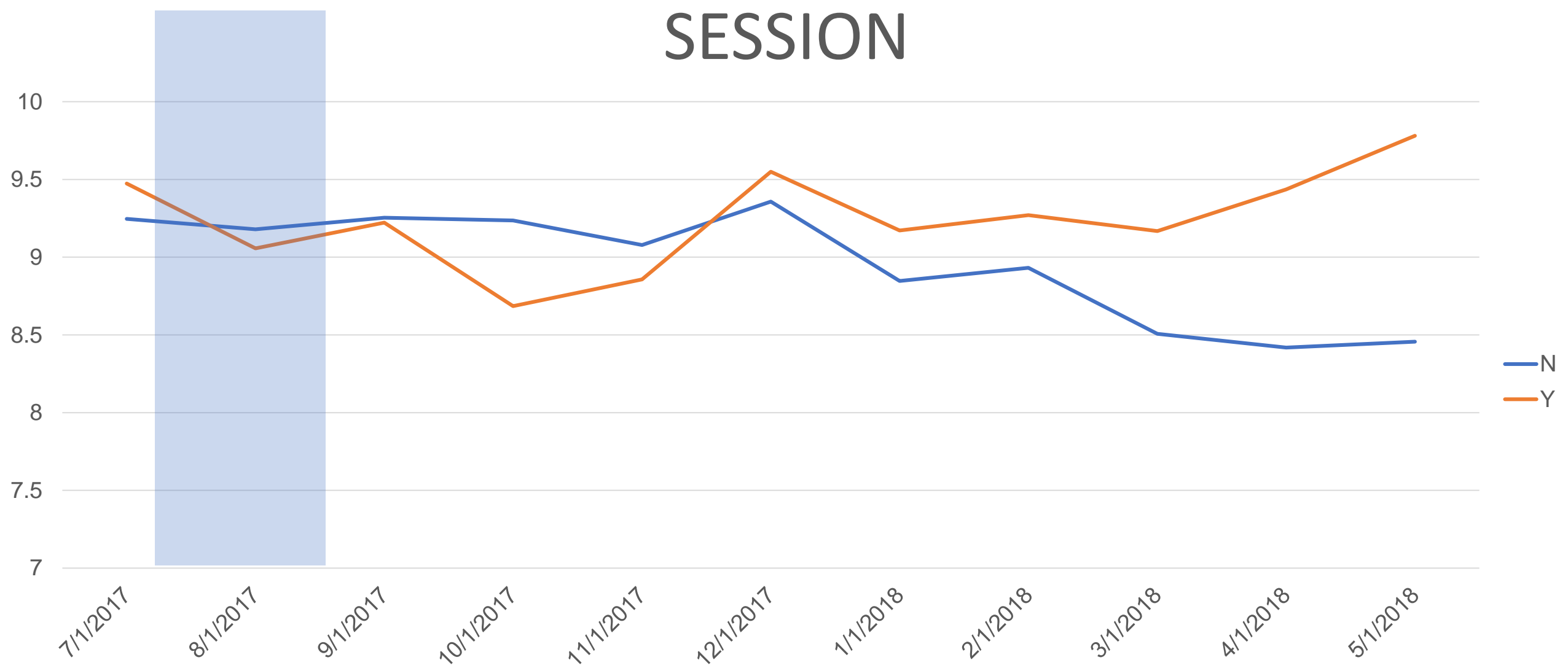
"My provider explained why the scribes are there. At first I didn't like it, but it is okay with me now that I know why they are there. My doctor and I have an open relationship, so sometimes I am hesitant about what I say. But it is okay, since it makes it easier on my doctor"

CALLEN-LORDE

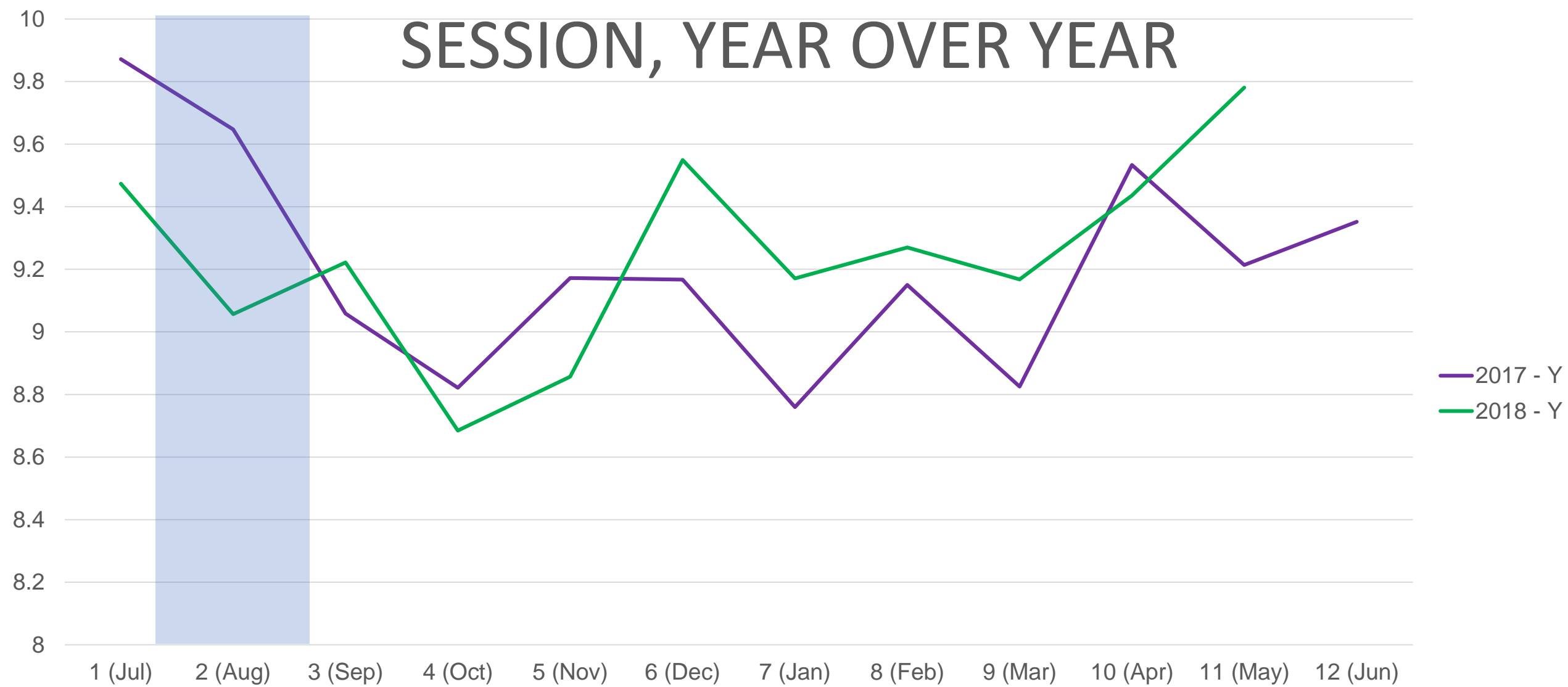
SCRIBE V. NO SCRIBE: CYCLE TIME



SCRIBE V. NO SCRIBE: PATIENTS PER SESSION

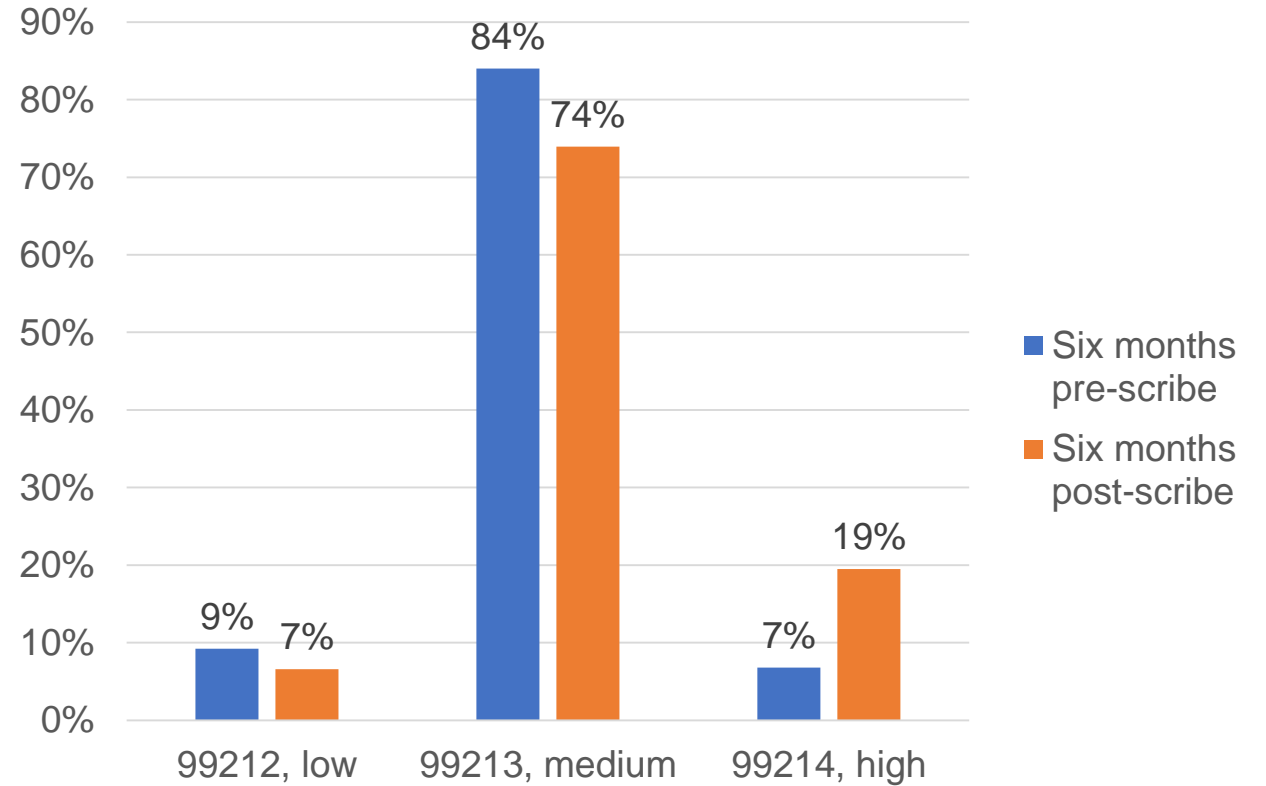


PROVIDERS WITH SCRIBES: PATIENTS PER SESSION, YEAR OVER YEAR



CODING METRICS

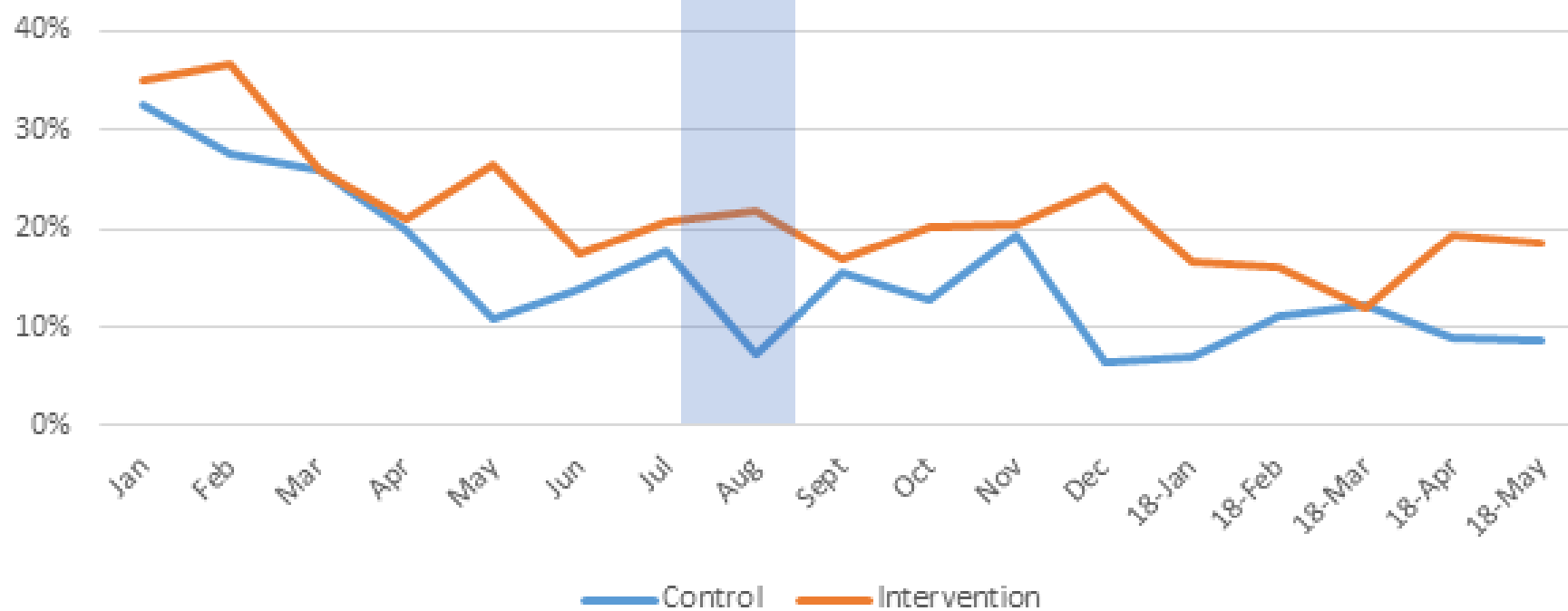
CPT Coding, Pre and Post Implementation		
	6 months pre-scribe	6 months post-scribe
99212, low	9%	7%
99213, medium	84%	74%
99214, high	7%	19%



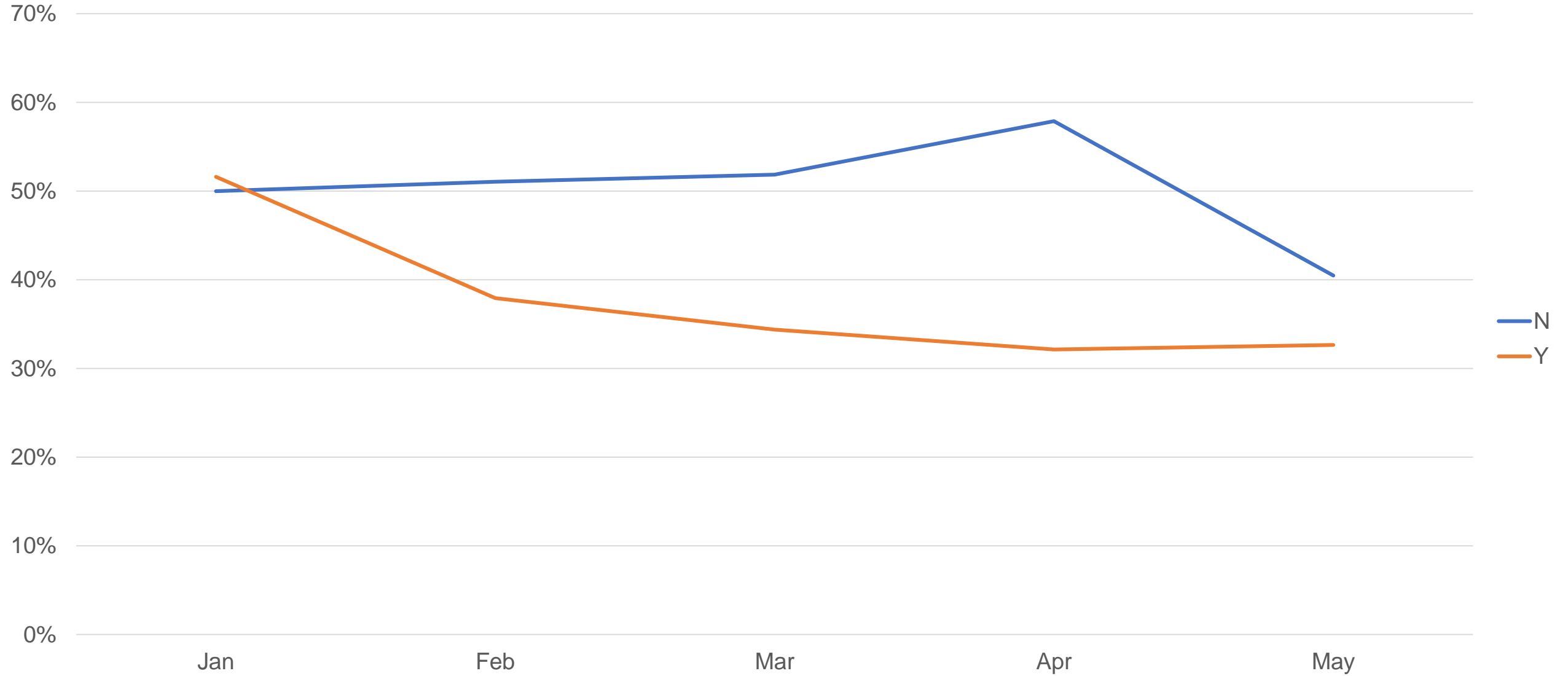
The image features a word cloud of healthcare industry terms, primarily centered around the transition from fee-for-service to value-based care. The background consists of a collage of torn and layered pieces of paper in various shades of grey and white.

The most prominent and largest words in the cloud are "Value-Based Payment" and "Reimbursement". Other significant words include "Transformation", "Healthcare", "Risk", "Change", "Payment", "Price", "Quality", "Improvement", "Medical", and "System". Smaller words scattered throughout include "Payers", "Providers", "Patient Satisfaction", "Quality", "Comprehensive", "Models", "Measure", "Rethink", "Partnership", "Risk-Based", "Innovation", "Transparency", "Integrated", "Rebuild", "Consumer", "Care", "Analytics", "Clinical", "System", "Medical", "Partnership", "Health", "Quality Control", "Design", "Payment", "Price", "Change", "Research", "Remodel", "Patient-Centric", "Consumer-Oriented", "Collaboration", "Insurance", "Health", "Transform", "Care", "Quality Control", "Design", "Payment", "Price", "Change", "Research", "Remodel", "Patient-Centric".

Percentage of patients who received a document such as Patient Ed or Health information



SMOKING CESSATION COUNSELING RATE



SCRIBE PROGRAM GOALS

- Increased provider job satisfaction ✓
- Improved patient experience ✓
- Improved access for care ✓
- Standardized documentation
- Routine documentation
- Improved coding ✓
- Improved billing ✓
- Cost neutral
- Exposure of next generation medical staff to LGBT health ✓
- Recruitment future clinical staff

Peter Meacher MD AAHIVS FAAFP
Pronouns: He/Him
Chief Medical Officer
Callen-Lorde Community Health Center
356 West 18th Street
New York, NY 10011
212-271-7173
212-271-8106 Fax

CALLEN-LORDE



What We Expect

CAREER OPPORTUNITIES

WHAT IS A MEDICAL SCRIBE?

WHY BE A MEDICAL SCRIBE?

WHAT IS A PROJECT LEADER?

THE SCRIBE CREED

MAKING A DIFFERENCE

WHAT WE EXPECT

HOW TO APPLY

FAQ

MED/PA SCHOOL INTERVIEW PREPARATION

CLOTHING STORE

Intelligent candidate who can work positively and cooperatively amidst a stressful and most unique environment

You **NEED** to have good penmanship and computer skills, your medical expertise is **NOT** required but is an added bonus, and the traits listed below **ARE** required for they are not easily learned.



What we EXPECT from YOU!

- Responsibility
- Confidence
- Maturity
- Punctuality
- Ability to multitask
- Self Motivation

Commitment

- Commitment to ScribeAmerica: 2 years part time 8-12 shifts per month or 1 year full time 16-20 shifts per month

Things that will help you SUCCEED!

- A passion for Medicine
- Able to balance school AND work
- Computer skills, this is a must and will accelerate training as most hospitals are transforming to complete electronic charting
- Mature sophomores can benefit throughout college. Also people taking time off before Medical, PA or NP school are favored and the opportunity is highly beneficial to the applicant.

Note: Scribe hours are counted towards clinical training for PA school.

What to expect

- Hardwork demanded, every shift
- Unlimited learning curve
- Competitive part time pay
- Some full time positions available



CALLLEN-LORDE